Donor Leave Request Form

Employee Name:	PSU ID#
Date(s) Requested:	
	_hours of Donor Leave under the Kansas State Donor Program. making:
The type of Donation I will e	пактър
Date of the Donation:	
Location of the Donation:	
Employee Signature	Date
	ours Donor Leave for the above named employee. The request is

for paid leave in accordance with the Kansas State Donor Program. The above named employee does meet the criteria for the Donor Leave Program.

Supervisor's Signature

Date